

NOTICE OF INDEPENDENT REVIEW DECISION

November 10, 2003

RE: MDR Tracking #: M2-04-0194-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a right shoulder and hand injury on ___, when she lost control of an 85 pound box and fell. She underwent an arthroscopic subacromial decompression on the right shoulder on 11/22/02. Approximately four months later she developed a complex regional pain syndrome and had three right stellate ganglion blocks. The patient eventually was referred for a chronic pain assessment. She has been using the interferential and muscle stimulator unit on a trial basis with reported improvement in range of motion and decreasing pain and muscle spasms.

Requested Service(s)

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A true judgment on the efficacy of the RS4i sequential 4-channel combination interferential and muscle stimulator unit cannot be made with the medical records provided for review. It would be appropriate given the patient's chronic medical condition, loss of function ability, noted dependence on pain medication, and utter failure with invasive pain management controls to implement a treatment that could show a benefit for all aspects of this patient's pain complex.

It is apparent that the data presented does not warrant the purchase of this unit. However, this is because a controlled trial that could demonstrate the efficacy of the application has not been implemented. There has been no data presented on the usage of the unit by the patient. There has been no data presented on any restoration of musculoskeletal function as a result of utilizing this

machine. There has been no data on the frequency of pain management medication taken during the trial of this application. If an efficacy is seen utilizing this and/or similar functional variables, then the purchase of this device is vital. If no benefit is seen in this controlled trial then the patient must be moved into a program or resource that will help in dealing with her current pain generators.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Bircan C, Senocak O, Peker O, Kaya A, Tamci SA, Gulbahar S, Akalin E. *Efficacy of two forms of electrical stimulation in increasing quadriceps strength: a randomized controlled trial.* Clin Rehabil. 2002 Mar;16(2):194-9.
- *Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: An evidence-based approach.* J Back Musculoskeletal Rehabil 1999 Jan 1;13;47-58.
- Hurley DA, Minder PM, McDonough SM, Walsh DM, Moore AP, Baxter DG. *Interferential therapy electrode placement technique in acute low back pain: a preliminary investigation.* Arch Phys Med Rehabil. 2001 Apr;82(4):485-93.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 10 th day of November 2003.
